

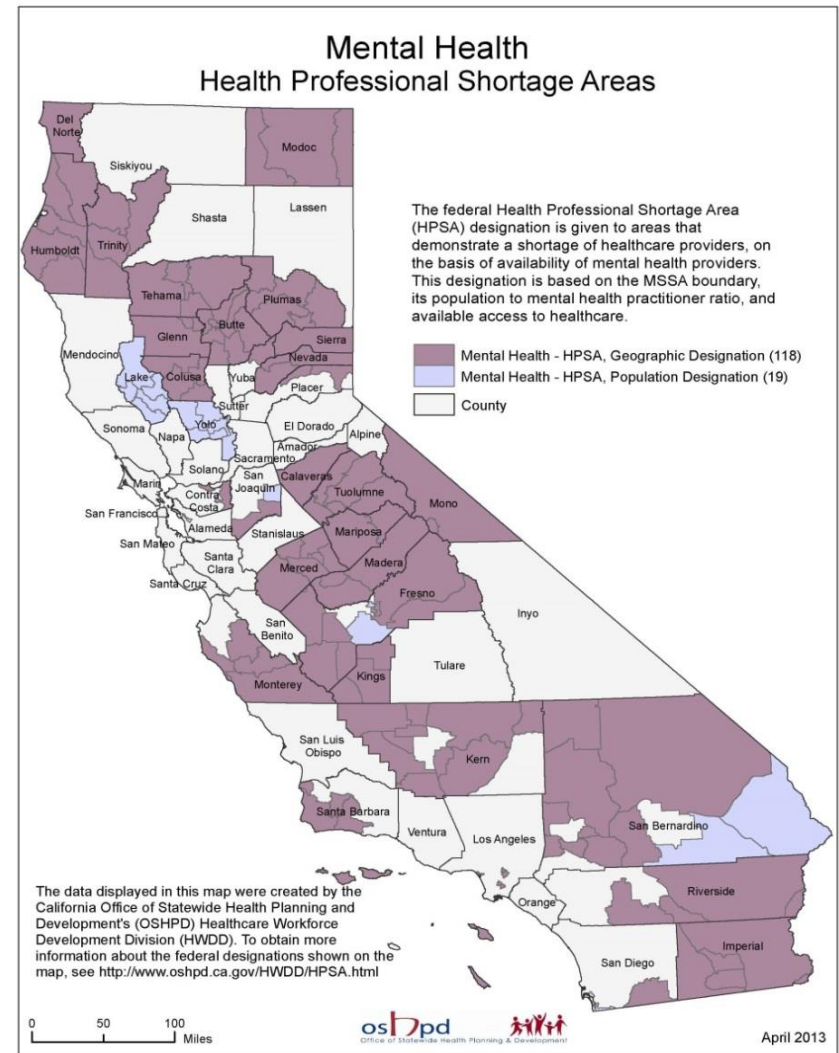
# **Mental Health Services Act (MHSA) Workforce, Education and Training (WET) Background and Overview**

**California Mental Health Planning Council  
April 18, 2013**

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## Mental Health Workforce

As of March 2013 there are 137 MHPSAs designated in California and 3,975,902 million residents living in a designated mental health professional shortage area.



## Mental Health Workforce

Public Mental Health workforce challenges include:

- An inadequate supply and mal-distribution of providers
- Lack of ethnic and linguistic diversity
- Low salaries
- An aging workforce
- High caseloads
- Lack of adequate training and graduate preparation programs
- Lack of clear pathways at all levels
- A workforce with limited training in providing care that is family-centered or recovery-oriented as well as limited training opportunities in these areas.
- Limited opportunities for advancement
- Regulatory and scope of practice issues that limit who can provide reimbursable services
- A lack of formal integration and coordination of mental health, substance use treatment and primary care
- A lack of positions in the public mental health system for consumers and family members.
- Variability among the counties in the use and training of staff in state-of-the art and evidence-based and recovery oriented treatments and variability in county collaborations.

## Mental Health Service Act Workforce Education and Training (WET)

Passed in November 2004 by California voters, Proposition 63 – the Mental Health Services Act (MHSA) – imposes a one percent tax on personal income in excess of \$1 million to support the public mental health system (PMHS) via prevention, early intervention and services. Historically underfunded, the PMHS suffers from a shortage of mental health providers in addition to mal-distribution, lack of diversity, and under-representation of practitioners with client experience. To address the mental health provider issues, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs.

In 2008, the Department of Mental Health (DMH) developed the Five-Year Workforce Education and Training Development Plan (Five-Year Plan), which provided a framework for the advancement and development of mental health workforce education and training programs at the County, Regional, and State levels. Specifically, the Five-Year Plan provided the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of MHSA WET funds. The Five-Year Plan developed by DMH was approved by the California Mental Health Planning Council in 2008 and covers the period from April 2008 to April 2013

## Mental Health Services Act Workforce Education and Training (WET) Summary of 10-Year Expenditures and Spending Projections

	10-Year Funding Amounts	Expenditures to Date	Amounts Remaining to be Allocated
<b>1) Local Programs</b>	\$210 Million	\$210 Million	\$0
<b>Regional Partnerships</b>	\$27 Million	\$18 Million	\$9 Million
<b>2) State-Administered Programs</b>			
<b>Assigned from DMH to OSHPD</b>			
<b>Stipend Programs</b>	\$100 Million	\$45.48 Million	\$54.52 Million
<b>Psychiatric Residency Programs</b>	\$13.5 Million	\$3.215 Million	\$10.285 Million
<b>Statewide Technical Assistance Center</b>	\$8 Million	\$3.76 Million	\$4.24 Million
<b>OSHPD</b>			
<b>MH Loan Assumption Program</b>	\$75 Million	\$23.54 Million	\$51.46 Million
<b>PA (Song-Brown) Program</b>	\$5 Million	\$1.7 Million	\$3.3 Million
<b>3) Uncommitted Funds</b>	\$6 Million	\$0	\$6 Million
<b>Total Expenditures</b>	<b>\$444.5 Million</b>	<b>\$305.695 Million</b>	<b>\$138.805 Million</b>

## WET Reverted Funds 2008 - 2010

	Reverted Funds						
	2008-09			2009-10			
	Funding	Expenditures	Unused Balance	Funding	Encumbrance/Exp	Unused Balance	TOTAL
<b>State Administered Programs</b>							
<b>Client and Family Member Technical Assistance Center</b>	\$800,000	\$800,125	(\$125)	\$800,000	\$681,000	\$119,000	\$118,875
<b>Stipend Programs</b>	\$10,000,000	\$6,942,720	\$3,057,280	\$10,000,000	\$9,281,191	\$718,809	\$3,776,089
<b>Psychiatric Residency Programs</b>	\$1,350,000	\$205,484	\$1,144,516	\$1,350,000	\$899,680	\$450,320	\$1,594,836
<b>Physician Assistant Programs (Song-Brown)</b>	\$500,000	\$243,068	\$256,932	\$500,000	\$387,436	\$112,564	\$369,496
<b>Mental Health Loan Assumption Programs</b>	\$2,246,874	\$2,077,003	\$169,871	\$2,476,457	\$2,316,664	\$159,793	\$329,664
<b>Total</b>	\$14,896,874	\$10,268,400	\$4,628,474	\$15,126,457	\$13,565,971	\$1,560,486	\$6,188,960

## WET Funds Transferred from DMH to Liquidate Contracts

	WET Funds Transferred From DMH To Liquidate Contracts						
	2010-11			2011-12			
	Funding	Encumbrance /Exp	Unused Balance	Funding	Encumbrance/Exp	Unused Balance	TOTAL
State Administered Programs							
Client and Family Member Technical Assistance Center	\$800,000	\$676,000	\$124,000	\$800,000	\$800,000	\$0	\$124,000
Stipend Programs	\$10,000,000	\$9,770,796	\$229,204	\$10,000,000	\$9,767,342	\$232,658	\$461,862
Psychiatric Residency Programs	\$1,350,000	\$735,298	\$614,702	\$1,350,000	\$1,009,862	\$340,138	\$954,840
Physician Assistant Programs (Song-Brown)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health Loan Assumption Programs	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	<b>\$12,150,000</b>	<b>\$11,182,094</b>	<b>\$967,906</b>	<b>\$12,150,000</b>	<b>\$11,577,204</b>	<b>\$572,796</b>	<b>\$1,540,702</b>

## WET Funds Available for Reappropriation

	Available For Reappropriation									
	2010-11			2011-12			2012-13 Projected			
	Funding	Encumbrance/ Exp	Unused Balance	Funding	Encumbrance/ Exp	Unused Balance	Funding	Encumbrance/ Exp	Unused Balance	TOTAL
<b>State Administered Programs</b>										
<b>Client and Family Member Technical Assistance Center</b>	N/A	N/A	N/A	N/A	N/A	N/A	\$800,000	\$800,000	\$0	\$0
<b>Stipend Programs</b>	N/A	N/A	N/A	N/A	N/A	N/A	\$10,000,000	\$9,721,747	\$278,253	\$278,253
<b>Psychiatric Residency Programs</b>	N/A	N/A	N/A	N/A	N/A	N/A	\$1,350,000	\$474,099	\$875,901	\$875,901
<b>Physician Assistant Programs (Song-Brown)</b>	\$500,000	\$500,000	\$0	\$500,000	\$500,000	\$0	\$500,000	\$69,412	\$430,588	\$430,588
<b>Mental Health Loan Assumption Programs</b>	\$4,394,237	\$4,220,211	\$174,026	\$5,705,954	\$5,381,435	\$324,519	\$10,176,478	\$9,544,922	\$631,556	\$1,130,101
<b>Total</b>	\$4,894,237	\$4,720,211	\$174,026	\$6,205,954	\$5,881,435	\$324,519	\$22,826,478	\$20,610,180	\$2,216,298	\$2,714,843



## Workforce Education and Training (WET) Five-Year Plan 2008-2013

### State Administered Programs

*The following statewide mental health workforce programs are funded by the Mental Health Services Act:*

*Stipend Programs:* increase the number of licensed mental health professionals (Masters of Social Work; Marriage and Family Therapist; Clinical Psychologist; Psychiatric Mental Health Nurse Practitioner) in the Public Mental Health System (PMHS) and incorporate MHSA principles into graduate level curriculum.

*\*Mental Health Loan Assumption Program (MHLAP):* offers loan repayment of up to \$10,000 to mental health providers in hard-to-fill and/or hard- to-retain positions in the PMHS in exchange for a 12-month service obligation.

*\*Song-Brown Residency Program for Physician Assistants in Mental Health:* funds Physician Assistants (PA) programs that add a mental health track so that PAs can sign mental health treatment plans and prescribe and administer psychotropic medications. PA programs that train second-year residents to specialize in mental health are eligible to apply for augmented funding.

*Psychiatric Residency Program:* trains psychiatric residents in the PMHS, working with the populations prioritized by that community.

*Client and Family Member Statewide Technical Assistance Center:* promotes the employment of mental health clients and family members in the mental health system.

*\*Shortage Designation:* Reviews and recommends Primary Care, Dental, and Mental Health Professional Shortage Area (HPSA) and Medically Underserved Area/Medically Underserved Population (MUA/MUP) applications to HRSA's Shortage Designation Branch. HPSAs are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be by geographic or demographic designation.

*Regional Partnerships:* represent Bay Area counties, Central Valley counties, Southern counties, Los Angeles County, and Superior Region counties; include representation from mental health, community agencies, educational/training entities, consumers, family members, and other partners to plan and implement programs that build and improve local workforce education and training strategies.

\* = Administered by OSHPD prior to July 1, 2012 transfer

## Stipends

- Stipends of \$18,5000 are available for graduate students in Social Work, Marriage and Family Therapy, Clinical Psychology, and Psychiatric Mental Health Nurse Practice who commit to working in the public mental health system for a 12-month period upon graduation
- A total of 121 California schools participate by providing stipends and developing curricula that promotes the MHSA values of wellness, recovery and resilience
  - Since July 2011, the California Psychology Internship Council (stipend contractor) offers its curriculum online free of charge. While many people view the courses, as of June 2012, 268 people had taken the examinations at the end of each module

Applications			
Fiscal Year	Awarded	Under-Represented	Speak a Language Other Than English
2005-06	173	53%	*
2006-07	184	58%	59%
2007-08	183	58%	51%
2008-09	265	60%	52%
2009-10	326	58%	61%
2010-11	337	65%	58%
2011-12	360	67%	59%
2012-13	385	TBD	TBD
<b>Total</b>	<b>2,213</b>		

\*Data for language capacity is not available for FY 2005-06.

## Mental Health Loan Assumption Program (MHLAP)

- Provides qualified applicants with up to \$10,000 in educational loan repayments in exchange for service in the community public mental health system. Qualified applicants are individuals who work or volunteer in hard-to-fill/hard-to-retain positions in the public mental health system.
- MHLAP application includes questions pertaining to cultural and linguistic competency:
  - Racial/ethnic identification
  - Proficiency in a language other than English
  - Lived experience
  - Paid or unpaid work in the public mental health system serving a particular racial/ethnic, cultural, geographic, faith-based, socio-economic, gender identified, sexual oriented or linguistic population or community
  - How they used the strengths and forms of healing unique to an individual's racial/ethnic, cultural, geographic, socio-economic, gender identified, sexual oriented or linguistic population or community when providing services of support
  - Ability to provide sensitive and welcoming services. For example: "Give an example of how you have participated in treatment interventions and outreach services to engage and retain individuals of diverse racial/ethnic, LGBTQ, cultural or linguistic population."
- From Fiscal Year 2008-09 to 2011-12 applicants were:
  - 70% from underserved backgrounds
  - 60% spoke at least one language in addition to English

## MHLAP

Applications					
Fiscal Year	Counties	Received	\$ Requested	Awarded	\$ Awarded
2008-09	43	1,236	\$15,047,225	288	\$2,285,277
2009-10	52	1,498	\$9,226,619	309	\$2,469,239
2010-11	50	1,009	\$9,899,700	474	\$4,523,757
2011-12	55	1,659	\$41,242,028	661	\$365,680
2012-13	53	1,823	\$17,968,954	1109	\$9,383,649
Total		7225	\$93,384,527	2841	\$19,027,602

Applicants		
Fiscal Year	Speak a Language In Addition to English	Consumer or Family Member
2008-09	68%	29%
2009-10	63%	35%
2010-11	59%	35%
2011-12	60%	53%
2012-13	48%	TBD

## Song-Brown Physician Assistant Residency Programs

- Adds a mental health track to the Song-Brown Residency Program for Physician Assistants to address the shortage of individuals who can oversee psychiatric treatment plans and administer psychotropic medications.
- Programs are evaluated, in part, on whether they can demonstrate:
  - An understanding of community collaboration
  - Cultural competence
  - An understanding of what client and family-driven services are
  - An understanding of wellness, recovery, and resiliency
  - An ability to provide an integrated service experience for clients and their families
- One of the goals is to ensure that PA students perform their rotations in rural and underserved communities including the public mental health workforce

## Song-Brown Physician Assistant Residency Programs

- From FY 2008-09 to FY 2012-13, grants of \$15,000 to \$167,000 were awarded to six PA programs and have enabled 1,382 PA students to be trained in MHSA principles and perform 6,046 hours of mental health rotations
- The following six programs revised their PA programs to include the values and principles of the Mental Health Services Act:
  - Keck School of Medicine-USC
  - Moreno Valley College
  - Samuel Merritt University
  - San Joaquin Valley College
  - Touro University
  - University of California, Davis
- The above PA programs partnered with the following County Departments of Health and Mental Health to ensure that PA students provide integrated care:
  - Fresno County Department of Behavioral Health
  - Fresno County Health Department
  - Riverside County Department of Mental Health
  - Sacramento County Department of Behavioral Health Services
  - Stanislaus County Health Services Agency

## Psychiatric Residency Programs

- Trains psychiatric residents in the PMHS, working with the populations prioritized by that community.
- From FY 2008-09 to FY 2011-02, there were two psychiatric programs that supported 25 psychiatric residency rotations at the University of California, Davis and the University of California, Los Angeles-Kern to ensure that psychiatric residents receive training in the County public mental health system, working with the populations prioritized by that community. The psychiatric residents are encouraged to continue working in the California public mental health system after their rotations end.
- Revised the curricula in the two aforementioned psychiatric residency programs to include the values and principles of the Mental Health Services Act:
  - Community collaboration
  - Cultural competence
  - Client/Family-driven mental health system
  - Wellness/Recovery and Resilience focus
  - Integrated service experience for clients and their families
- Partnered with County Departments of Mental Health and Community-Based Organizations to ensure that residents perform their rotations in the County Public Mental Health System. Among them:
  - Sacramento County Mental Health Services
  - Kern County Mental Health Services
  - UC Davis Medical Center
  - West Kern Clinic (Wasco)

## Statewide Technical Assistance Center

- The Statewide Technical Assistance Center (called Working Well Together) provides leadership, training, and technical assistance to public mental health agencies regarding the recruitment, hiring, retention and support of current and prospective employees who have personal experience with receiving public mental health services. Some of Working Well Together's accomplishments include but are not limited to:
  - Disability Calculator 101, a tool that assists employees with disabilities understand how to gain employment without losing benefits
  - A reference manual of Americans with Disability Act Assistance Centers where consumers and their families can gain information about the most current policies on working with disabilities
  - Providing peer training programs which provide consumers with the tools to enter and re-enter the workplace
  - Providing technical assistance to counties' Human Resources departments by helping them develop policies and procedures on working with consumers and family members as fellow employees
  - Developing and publicizing a sample lesson plan for teachers to interest students in a mental health career



## Shortage Designation Program

Since FY 2011-12, OSHPD has partnered with local communities to increase the number of under-served communities federally designated as Mental Health Professional Shortage Areas (HPSA). OSHPD streamlined the Mental Health HPSA designation process utilizing existing data available at the state level to develop a pro-active approach. These designations enable communities to draw down additional federal and state resources such as clinics ability to recruit National Health Service Corps providers, clinic's eligibility for Rural Health Clinic Certification, Federally Qualified Health Center Look-Alike certification, and New Start/Expansion Program as well as eligibility for federal and state grants, and financial assistance opportunities.

OSHPD staff processes Mental HPSA applications in a conventional and pro-active fashion. MHSA funds enable OSHPD to pro-actively prepare applications for Mental HPSA designations and allow the State to maximize opportunities to receive federal funding in those underserved communities.

As of March 2013 there are 137 MHPSAs designated in California and 3,975,902 million residents living in a designated mental health professional shortage area.

**MHPSA Designation Applications: FY 2008-09 to FY 2012-13**

	Applications Received	Applications Pending	In Process	In Review	Withdrawn or Denied by SDP	Submitted to HRSA	Designated by HRSA
<b>Conventional</b>	87	1	0	0	19	67	63
<b>Proactive</b>	33	0	0	0	4	29	25
<b>Total</b>	120	1	0	0	23	96	88

## Regional Partnerships

- Ongoing forum for geographically proximate communities to develop and implement strategies that recruit, retain, and increase the number of individuals employed or participating in California's public mental health system. Regional partnerships' accomplishments reflect identified regional needs such as:
  - The Superior Region established the first two accredited distributed (distance) learning schools of social work (Bachelors of Social Work to Masters of Social Work programs in the United States at CSU Chico and CSU Humboldt. These programs are supplemented by a mentoring component.
  - The Greater Bay Area Mental Health & Education Workforce Collaborative developed a three-year work plan; funded the start-up of a new MSW program at Cal State Monterey; launched a new Psychosocial Rehabilitation program at Contra Costa College; developed curriculum workshops for MFT educators; developed high school mental health professional pathways programs; offered a consumer and family member employment conference; convened community college human service programs; and launched a new website.
  - The Central Region trained over 50 Mental Health First Aid instructors; supported the development of a rural-focused MSW program through CSU Sacramento and an online Psychiatric Nurse Practitioner program through CSU Fresno; and held the 2012 Transition Age Youth (TAY) UnConvention.
  - The Southern Region contracted with the University of Southern California to develop cultural competency training with practitioners; is working with Loma Linda University on developing core competencies; developed a resource booklet for high school activity fairs; created a document mapping all the mental health certificates and degree programs in Southern California; and launched a new website.
  - The Los Angeles (LA) Region is partnering with local universities for training and research on services to children and youth, transition-age youth, adults and older adults; evaluating LA County's Prevention and Early Intervention Evidence-Based Practices implementation; and expanding the role of peers to become health navigators for people with severe and persistent mental illness.

## Workforce Education and Training Five-Year Plan, 2014-2019

In July 2012, following the elimination of DMH, the MHSA WET programs were transferred to OSHPD. OSHPD is also accountable for the development of the next Five-Year Plan. The Five-Year Plan will provide the vision, values, mission, measureable goals and objectives, proposed actions and strategies, funding principles, and performance indicators for the use of remaining MHSA WET funds for the period from April 2014 to April 2019. The Five-Year Plan will be accompanied by a five-year budget that will allocate remaining State MHSA WET program funding for the next five years. This five-year budget will allow the opportunity provide changes to the funds remaining from the prior ten-year budget developed in 2008. Per WIC Section 5820 (e), the Five-Year Plan requires final approval from the Mental Health Planning Council by April 2014.

Per WIC Section 5822, the next Five-Year Plan shall incorporate the following elements:

- A. Expansion plans for the capacity of postsecondary education to meet the needs of identified mental health occupational shortages.
- B. Expansion plans for the forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system and make loan forgiveness programs available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, master's degrees, or doctoral degrees.
- C. Creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system.
- D. Establishment of regional partnerships between the mental health system and the educational system to expand outreach to multicultural communities, increases the diversity of the mental health workforce, to reduce the stigma associated with mental illness, and to promote the use of web-based technologies, and distance learning techniques.

## Workforce Education and Training Five-Year Plan, 2014-2019 (cont)

- E. Strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs such as health science academies, adult schools, and regional occupation centers and programs, and increasing the number of human service academies.
- F. Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.
- G. Promotion of the employment of mental health consumers and family members in the mental health system.
- H. Promotion of the meaningful inclusion of mental health consumers and family members and incorporating their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).
- I. Promotion of meaningful inclusion of diverse, racial, and ethnic community members who are underrepresented in the mental health provider network.
- J. Promotion of the inclusion of cultural competency in the training and education programs in subdivisions (a) through (f).

## WET Five-Year Plan Development Schedule

Action	Date
WET Advisory Committee Meeting	December 3, 2012
Begin Evaluation of Current WET Programs	January 2, 2013
WET Advisory Committee Meeting	January 29, 2013
WET Five-Year Plan Advisory Sub-Committee Meeting	February 27, 2013
Begin Phase 1 Stakeholder Engagement Process (community forums, focus groups, surveys, interviews)	March 4, 2013
WET Advisory Committee Meeting	June 20, 2013
Needs Assessment Begins	July 1, 2013
Mental Health Career Pathways Sub-Committee	July 1, 2013
Finalize First Draft of WET Five-Year Plan	July 24, 2013
WET Five-Year Plan Advisory Sub-Committee Meeting	August 8, 2013
WET Advisory Committee Meeting	September 5, 2013
Finalize First Draft of Five-Year Plan	September 20, 2013
Contractor Provides Statewide Needs Assessment Data	September 25, 2013
Begin Phase 2 of Stakeholder Engagement Process (key stakeholder forums, surveys, interviews, etc.)	September 30, 2013
WET Five Year-Plan Advisory Sub-Committee Meeting	November 13, 2013
Government Partners Meeting	December 4, 2013
WET Advisory Committee Meeting	December 18, 2013
Planning Council Meeting to Review WET Five-Year Plan	January 2014
WET Five-Year Plan Submitted to Administration for Approval	March 2014
Finalize and Submit Five-Year Plan to Legislature	April 1, 2014

## WET Five-Year Plan Development Stakeholder Engagement

To ensure the development of a comprehensive plan, OSHPD is employing a robust stakeholder process to engage diverse stakeholder groups through different strategies that include:



## WET Five-Year Plan Stakeholder Engagement

- *The establishment of WET Advisory Committee and WET Five-Year Plan Advisory Sub-Committee:* OSHPD is engaging experts and stakeholders through the WET Advisory Committee (Committee) and WET Five-Year Plan Advisory Sub-Committee (Sub-Committee) meetings. Committee and Sub-Committee members are able to provide their feedback and their stakeholder's feedback during the meetings when discussing the WET Five-Year Plan elements. Additionally, there will be time set aside for public comment at every Committee and Sub-Committee meeting, which allows public members attending in-person or by phone to provide input on the different Five-Year Plan elements discussed during the meetings.
- *Focus groups and community forums:* OSHPD will engage stakeholders through 14 community forums throughout the different regions of the State. The community forums will inform stakeholders on MHSA WET programs and solicit feedback on the elements and priorities that should be included in the next WET Five-Year Plan. There are numerous MHSA WET stakeholder organizations that meet regularly. To the extent possible, OSHPD will also request time at regularly scheduled stakeholder meetings to engage those stakeholders in focus groups.
- *Key-stakeholder interviews:* OSHPD will engage key stakeholder groups through phone and in-person interviews. The interviews will be used to solicit feedback from key stakeholder groups on elements that should be included in the WET Five-Year Plan.
- *Webinars and surveys:* There are numerous stakeholders that may not be able to attend the WET Advisory Committee meetings, community forums/focus groups, and/or be involved in the key-stakeholder interviews. OSHPD will engage these stakeholders through webinars and surveys and will utilize the webinars to inform stakeholders about MHSA WET Programs and the WET Five-Year Plan. The webinars will be available online to allow stakeholders who do not have the opportunity to attend in person, to watch at their own leisure. OSHPD will subsequently send out surveys to engage stakeholders to solicit their feedback on what should be included in the WET Five-Year Plan.

## WET Five-Year Plan Community Forums

Date	County	Address	Time
April 25, 2013	Napa	2261 Elm Street, Building K Conference Room, Napa, CA 94559	1:00 – 4:00 pm
May 1, 2013	Ventura	1911 Williams Drive, Oxnard, CA 93036	1:00 – 4:00 pm
May 3, 2013	San Diego	1936 Quivira Way, San Diego, CA 92109	1:00 – 4:00 pm
May 10, 2013	Humboldt	507 F Street, Mezzanine Room, Eureka, CA 95501	1:00 – 4:00 pm
May 13, 2013	Alameda	300 Estudillo Avenue, San Leandro, CA 94577	1:00 – 4:00 pm
May 15, 2013	Los Angeles	155 N. Occidental Blvd, Los Angeles, CA 90026	9:30 am – 12:30 pm
May 20, 2013	Stanislaus	3800 Cornucopia Way, Modesto, CA 95358	1:00 – 4:00 pm
May 29, 2013	Shasta	1100 Parkview Avenue, Redding, CA 96001	1:00 – 4:00 pm
June 3, 2013	Sacramento	7001-A East Parkway, Sacramento, CA 95823	1:00 – 4:00 pm
June 4, 2013	Butte	554 Rio Lindo Avenue, Chico, CA 95926	1:00 – 4:00 pm
June 7, 2013	San Bernardino	1950 South Sunwest Lane, Suite 200, San Bernardino, CA 92415	1:00 – 4:00 pm
June 13, 2013	Monterey	299 12 <sup>th</sup> Street, Marina, CA 93933	1:00 – 4:00 pm
June 17, 2013	Tulare	4031 West Noble Avenue, Visalia, CA 93277	1:00 – 4:00 pm
TBA	Orange County	TBA	



## Career Pathways Sub-Committee

OSHDP in concert with the State Board is re-convening the Committee for Phase III which will focus solely on Behavioral Health, Mental Health, and Substance Abuse occupations. For Phase III, the Committee will be comprised of experts and stakeholders that include a cross-section of educational system representatives, employers, workforce development professionals, advocacy and professional associations, and researchers with a background in mental health.

- For Phase III, OSHPD and the State Board are proposing to develop pathways for the following disciplines:
  - Clinical Psychologist;
  - Marriage and Family Therapists;
  - Licensed Professional Clinical Counselors
  - Peer Counselors;
  - Psychiatrists;
  - Psychiatric Mental Health Nurse Practitioner/Clinical Nurse Specialists; and
  - School Psychologist

The Committee will meet between July 1 and September 30 to develop the career pathways via the same framework that was used during Phase I and II of the Committee process.

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